

HIV/AIDS in Zimbabwe

A USAID Brief

With an adult HIV prevalence of 34 percent at the end of 2001, up from an estimated 25 percent two years earlier, Zimbabwe is among the countries hardest hit by HIV/AIDS in sub-Saharan Africa. At the end of 2001, 2 million adults were living with HIV/AIDS in Zimbabwe, with women comprising 60 percent of cases.

Zimbabwean life expectancy is predicted to decline to 35 years by 2010, compared with 66 years in 1997. The crude death rate will be more than 200 percent higher in 2005 than it was in 1990, due to AIDS.

Median HIV prevalence among women attending antenatal clinics in major urban settings was 31.1 percent in 2000. Median prevalence for male patients attending sexually transmitted infection (STI) clinics in major urban areas was 71.1 percent in 1995, while median prevalence for female sex workers in major urban areas was 86 percent in 1995.

The number of AIDS cases among women in Zimbabwe peaks in the 20- to 29-year-old range, the prime reproductive and parenting years. Children under age 5 account for 15 percent of new AIDS cases. The Zimbabwean government, together with the U.S. Centers for Disease Control and Prevention and other donors, is implementing a comprehensive prevention of mother-to-child transmission (MTCT) program. An estimated 780,000 children (under age 15) orphaned by AIDS were living in Zimbabwe at the end of 2001.

In the 15- to 24-year-old age group, HIV prevalence for women is 2.6 times that of men. The age and gender distribution of AIDS cases in Zimbabwe shows that much of the HIV transmission occurs from older men to younger women.

Zimbabwe was the first country to introduce the female condom. It was approved for wide use in 1997 after a petition, drafted by women's advocacy groups and signed by about 30,000 individuals, was presented to the Ministry of Health. As of November 2001, 825,000 socially marketed female condoms had been sold in Zimbabwe.

NATIONAL RESPONSE

The government of Zimbabwe has increased its efforts to curtail the spread of HIV/AIDS, as demonstrated by the adoption of a national strategic framework on HIV/AIDS and a National AIDS Policy, creation of the National AIDS Council (NAC) by an act of Parliament, and the introduction of an AIDS levy to generate needed resources to support HIV/AIDS interventions.



The NAC was established in May 2000 under the auspices of the Ministry of Health. It includes representatives from government, nongovernmental organizations (NGOs), faith-based groups, the private sector, and the media. The National Strategic Framework on HIV/AIDS, approved by the NAC in May 2000, focuses on prevention as well as care and support.

In addition, grassroots efforts provide a significant amount of care and support to persons living with HIV/AIDS and their families. Despite meager resources, hundreds of churches, women's groups, and NGOs are responding to the overwhelming need for assistance.

USAID SUPPORT

In FY 2001, the U.S. Agency for International Development (USAID) allocated \$6.4 million toward Zimbabwe's HIV/AIDS prevention and care efforts, up from \$5 million in FY 2000.

USAID/Zimbabwe supports the following country programs:

Behavior change

USAID's goals in this area are to achieve: 1) behavior change resulting from increased accessibility to quality services, especially voluntary counseling and testing (VCT); 2) behavior change resulting from communications interventions; and 3) enhanced

capacity of public institutions, non-governmental organizations (NGOs), and communities to implement effective programs for orphans and others affected by HIV/AIDS.

Over the last few years, this strategy has contributed to near universal awareness: Studies show that 98 percent of the population is aware of HIV/AIDS. However, increased awareness has not led to behavior change.

Children and youth

USAID has launched pilot initiatives to identify sustainable, replicable community programs to assist orphans and children affected by AIDS, and to increase economic opportunity for youth affected by AIDS.

Condom promotion

USAID supports the following activities:

- Broadening the role of community-based distributors of condoms;
- Distributing, selling, and encouraging the use of condoms; and
- Building a sustainable supply of condoms.

Policy and advocacy

USAID/Zimbabwe is working to strengthen the advocacy initiatives of local NGOs and faith-based

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	2.3 million
Total Population (2001)	12.9 million
Adult HIV prevalence (end 2001)	33.73%
HIV-1 Seroprevalence in Urban Areas	
Population at High Risk (i.e., sex workers and clients, STI patients, or others with known risk factors)	86%
Population at Low Risk (i.e., pregnant women, blood donors, or others with no known risk factors)	28%

Sources: UNAIDS, U.S. Census Bureau

organizations and to support the development and implementation of positive HIV/AIDS-related policy in the public sector.

Surveillance

USAID collaborates with the Centers for Disease Control and Prevention (CDC), which supports improved HIV/AIDS surveillance and data analysis.

Voluntary counseling and testing

The response to USAID-supported VCT centers—the first of which was opened in August 1999—has been overwhelming. More than 50,000 clients were counseled and tested in 2001. Actual demand exceeded projections by 42 percent. Clients now include young people and couples. Between 1999 and 2000, 10 VCT clinics were opened at strategic locations across Zimbabwe. To complement the VCT program, USAID supports a media campaign to encourage individuals and couples to learn about their HIV status, as well as to use post-test services to promote and maintain positive behavior change.

- Due to gender inequality, Zimbabwean women are especially vulnerable to HIV infection.

CHALLENGES

According to USAID's FY 2002 Congressional Budget Justification for Zimbabwe, the country faces a number of challenges in responding to its HIV/AIDS epidemic:

- Due to its falling budget, the health sector currently is unable to respond adequately to the HIV/AIDS crisis.
- To become more effective, the Ministry of Health must eliminate duplication of services and use all opportunities to educate people about HIV transmission.
- Although general awareness of HIV/AIDS is near universal, sustained changes in sexual behavior have not been achieved.
- HIV/AIDS remains highly stigmatized; people are generally unwilling to acknowledge that a death was caused by AIDS.

SELECTED LINKS AND CONTACTS

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For more information, see www.usaid.gov/pop_health/aids/ or www.synergyaids.com.*

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